

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business	Mailing Address
304 MYAKKA LOOP RIVERVIEW FL 33569 US 304 MURPHY DR RIVERVIEW, FL 33569 US	304 MYAKKA LOOP RIVERVIEW FL 33569 US 304 MURPHY DR RIVERVIEW, FL 33569 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 304 MURPHY DR Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 304 MURPHY DR Suite, Apt. #, etc.	
City & State RIVERVIEW FL		City & State RIVERVIEW FL.	
Zip 33569	Country USA	Zip 33569	Country USA

4. Date Incorporated or Qualified To Do Business in Florida		06/01/1986
5. FEI Number		Applied For
59-2953529		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	MURRAY, HELEN E BARBARA L. BROWN	304 MYAKKA LOOP 304 MURPHY DRIVE	RIVERVIEW FL
VPD	CHADWICK, JOE MATHIAS, ETHEL	310 INDIAN DR 321 ST. JOHNS DR	RIVERVIEW FL
TD	SORTORE, RUTH ALLEN, KATHYLEEN	210 OMDAM DR 313 OKLAWAHA DR.	RIVERVIEW FL
S	WOOD, PATRICIA CHADWICK, MARGE	201 OKLAWAHA DR. 316 INDIAN DR.	RIVERVIEW FL
D	MATHIAS, ETHEL FRED BROWN	321 ST JOHNS DR 304 MURPHY DR	RIVERVIEW FL
D	NEU, BARBARA BEAMS, ELEANOR	220 MYAKKA 303 ST JOHNS DR.	RIVERVIEW FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<p>MURRAY, HELEN E 304 MYAKKA LOOP RIVERVIEW FL 33569</p>	<p>Name FRED BROWN</p>
<p>BROWN, FRED W. 304 MURPHY DR RIVERVIEW, FL 33569</p>	<p>Street Address (P.O. Box Number is Not Acceptable) 304 MURPHY DRIVE</p>
	<p>Suite, Apt. #, Etc. 000003515280-3 -04/19/00-01099-023 ***481-25</p>
	<p>City RIVERVIEW</p>
	<p>State FL</p>
	<p>Zip Code 33569</p>

Signature of Registered Agent Fredrickson Brown **SIGNATURE REQUIRED** Date 3/27/00
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Barbara Brown **SIGNATURE REQUIRED** 27 March 2000 813-671-4843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #